IL HIE Medicaid Work Group Meeting Notes March 19, 2012

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services (HFS)
Anne Bobb	Children's Memorial Hospital
Julie Bonello	Access Community Health Network
Kelly Carter	Illinois Primary Health Care Association
Connie Christen	Department of Healthcare and Family Services
Farrell Davies	Heartland Community Health Clinic
Mary Driscoll	Department of Public Health
Patrick Gallagher	Illinois State Medical Society
Andrew Garrett	Department of Healthcare and Family Services
Roger Holloway	Illinois Health Information Technology Regional
	Extension Center (IL-HITREC)
Peter Ingram	Sinai Health System
Vince Keenan	Illinois Academy of Family Physicians
Margaret Kirkegaard	Illinois Health Connect
Mike Koetting	Department of Healthcare and Family Services
John Lekich	Department of Healthcare and Family Services
Michelle Maher	Department of Healthcare and Family Services
Mary McGinnis	Office of Health Information Technology
Elizabeth McKnight	Chicago Health Information Technology Regional
	Extension Center (CHITREC)
Susan Melczer	Metropolitan Chicago Healthcare Council
Renee Perry	Department of Healthcare and Family Services
Cathy Potter	Southern Illinois University Health Care
Abby Radcliff	Illinois Hospital Association
Dorinda Shackelford	Advocate Health Care
Julio Silvas	Rush University Medical Center
Mary Ring	Illinois Critical Access Hospital Network
Theresa Walunas	Chicago Health Information Technology Regional
	Extension Center
Laura Zaremba	Office of Health Information Technology

Review of Minutes (2/21/12 and 3/5/12)

The meeting minutes from February 21st and March 5th were approved by the group.

Status Update

Renee Perry informed the work group that HFS has 1,500 attestations in the queue for pre-payment review.

A file is ready to be sent to the Office of the Comptroller for the first round of payments. 487 payments will be made with 9 of those being hospitals. HFS will receive a return file when this is complete and Renee will send a note to the work group when this happens.

Renee reported that there are no current system issues.

Pre-payment Audit Process

- Professionals
- Hospitals

HFS has an audit process in place which was developed with the Office of Inspector General and HFS Internal Audit staff. It very closely mirrors what other states have used and also follows federal guidelines.

HFS is reviewing attestations and comparing the number of Medicaid claims attested to with the amounts in the HFS Data Warehouse. Many of the 1,500 attestations reviewed have totals that vary greatly with Data Warehouse totals. HFS staff is developing queries and meeting with the Centers for Medicare and Medicaid Services (CMS) staff to help resolve this.

Comments to Notice of Proposed Rulemaking (NPRM)

During a conference call, CMS said that they appreciate positive comments as well as negative comments. **Peter Ingram** urged the group to let CMS know what they liked in the NPRM to help ensure that items are not removed.

Renee commented that one thing that CMS is changing in the final rule is a change to the patient volume calculation that will become effective after 60 days after publication of the rule. They are also not going to distinguish between Title IX and Title XXI patient volume.

The next call is scheduled on Monday, April 2nd. Meeting adjourned.